

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME - FIRST NAME - MIDDLE NAME:

MYERS FRANCES PAULINE

MAILING ADDRESS:

21461 WIDGEON TER

FT MYERS BCH FL.

CITY:

ZIP:

33931

COUNTY:

LEE

NAME OF AGENCY:

T.D.C. - AIRPORT SPECIAL MANAGE

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COMMITTEE PERSON

CHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PDF 2003

THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):



DECEMBER 31, 2003

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):



COMPARATIVE (PERCENTAGE) THRESHOLDS

OR



DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
RED COCONUT RV	3001 ESTERO BLVD	RV INDUSTRY
RESORT & GOLF	FT MYERS BCH	& COLLECTION OF
VIEW SHOPS	FL. 33931	RENT FROM GOLF
		VIEW SHOPS

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

21461 WIDGEON TER. FMB	50% home
131 MID ISLAND DR. FMB	home
141 MID ISLAND DR. FMB	home
200 DONORA ST. FMB	home
3001 ESTERO BLVD. FMB	RV PARK

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]	
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
ASSORTED STOCKS AND Bonds 50% OWNERSHIP	PARTNERSHIP OWNERSHIP 50% OWNERSHIP

PART E — LIABILITIES [Major debts]	
NAME OF CREDITOR	ADDRESS OF CREDITOR
Bank of AMERICA	2525 ESTERO BLVD FMB, FL 33931
Colonial Bank	6061 ESTERO BLVD FMB, FL 33931

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]			
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	ALL BUSINESSES ARE A GENERAL PARTNERSHIP 50% OWNERSHIP		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

Frances P. Dwyer

DATE SIGNED (required):

7-31-04

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME - FIRST NAME - MIDDLE NAME:

MYERS FRANCES PAULINE

MAILING ADDRESS:

21461 WIDGEON TER

FT MYERS BCH FL.

CITY:

ZIP:

COUNTY:

33931

LEE

NAME OF AGENCY:

T.D.C.

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

COMMITTEE PERSON

CHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEEFOR OFFICE
USE ONLY:

ID Code

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OR ☐

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PART A - PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person)

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
RED COCONUT RV RESORT + GULF VIEW SHOPS	3001 ESTERO BLVD FT MYERS BCH FL. 33931	RV INDUSTRY & COLLECTION OF RENT FROM GULF VIEW SHOPS

PART B - SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person)

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART C - REAL PROPERTY (Land, buildings owned by the reporting person)

21461 WIDGEON TER. FMB	50% home 50% home 50% home home RV PARK
131 MID ISLAND DR. FMB	
141 MID ISLAND DR. FMB	
200 DONORA ST. FMB	
3001 ESTERO BLVD. FMB	

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and where to file this form are locat-
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this form and how to fill it out begin
on page 3.OTHER FORMS you may need to
file are described on page 8.

PART D — INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc.)

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

ASSORTED STOCKS AND
Bonds 50%
OWNERSHIP

PARTNERSHIP OWNERSHIP
50% OWNERSHIP

PART E — LIABILITIES (Major debts)

NAME OF CREDITOR

ADDRESS OF CREDITOR

Bank of America

2525 ESTERO BLVD FMB, FL 33931

Colonial Bank

12061 ESTERO BLVD FMB, FL 33931

PART F — INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF
BUSINESS ENTITY

ADDRESS OF
BUSINESS ENTITY

PRINCIPAL BUSINESS
ACTIVITY

POSITION HELD
WITH ENTITY

DO I OWN MORE THAN A 5%
INTEREST IN THE BUSINESS

NATURE OF MY
OWNERSHIP INTEREST

ALL BUSINESSES
ARE A GENERAL
PARTNERSHIP
50% OWNERSHIP

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

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Frances P. Dwyer

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